

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
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TOTAL IND.	3					
TOTAL DEP.	17	↔	↔	↔	↔	↔
TOTAL CLAIMS	20	↔	↔	↔	↔	↔

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↔	↔	↔	↔
TOTAL DEP.			↔	↔	↔	↔
TOTAL CLAIMS			↔	↔	↔	↔

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS